

purging, and cramps, but before collapse was established, the following treatment was found of the utmost service; the constantly repeated exhibition of small doses of ammonia and ether combined with camphor julep, in the ordinary proportions, together with such small amount of opium as would act as a sedative on the stomach. This was followed up by calomel or blue pill in frequent doses. The formula and direction commonly adopted were somewhat of this kind: *R. Pilulæ hydrargyri gr. v; pulvis opii gr. ʒ. Misce et fiat pilula, omni semihora sumenda. R. Spiritus ætheris sulphurici compositi, spiritus ammoniæ aromatici, aa ʒij; liquoris opii sedativi ℥xxx; misturæ camphoræ ʒvj. Misce et sumat æger semiunciam frequentissime.*

"If the large tablespoonfuls of the above mixture were generally rejected, a teaspoonful every four or five minutes was administered; on sickness still continuing, the free application of mustard cataplasms, or other similar stimulating applications over the stomach, were then freely resorted to, together with the abstraction of blood, and apparently with the very best success. The above means promptly employed rarely failed in preventing the ingress of collapse. Should this, however, have set in, superadded to the above, the stimulating applications were freely and repeatedly applied to the limbs, together with frictions of mercurial ointment in combination with the spirit of turpentine, and the internal exhibition of such general stimulants as the feelings and judgment of the moment prompted. For the purpose of allaying the vomiting, the administration of lime-water and milk appeared to me, in one case, to be attended by marked benefit; and it has been tried by others, especially Dr. Blackall, with much good effect. The anxious desire for draughts of cold water was freely permitted, and proved grateful if not beneficial. I do not think the saline treatment, as propounded and administered by Dr. Stevens, has found many advocates; it has been resorted to, but certainly not with the results one was led to expect from his reports."

The work of Dr. Shapter, although it may add but little, if anything, to our knowledge in relation to the pathology and treatment of cholera, is, nevertheless, in many particulars, an interesting one. It is beautifully printed, and illustrated by a number of wood engravings, which for excellency of execution have seldom been exceeded. Our readers may probably be at a loss to understand how a work of the character of the present can admit of pictorial illustrations. These illustrations consist, chiefly, of views of different portions of the city of Exeter, as they appeared in 1832, and of incidents which occurred during the visitation of the cholera in that year. Their introduction does not appear to have entered into the original design of Dr. Shapter, in preparing the history before us. In relation to them he remarks:—

"The manuscript was in the hands of the printer, and the first four sheets were, as I believe it is technically termed, 'worked off,' when my friend, Mr. Gendall, most kindly and liberally placed at my disposal these illustrations of the period; and as they comprised interesting sketches of old parts of Exeter, my love for the ancient city induced me immediately to suspend the progress of my work, that I might avail myself of this opportunity of recording some of those places and customs which have since passed away: the progress of the last seventeen years in the destroying 'old Exeter,' is remarkable, and constitutes an era in its history."

D. F. C.

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ART. XXII.—*Remarks on the Construction of Obstetrical Forceps, with a Description of an Instrument employed by JAMES P. WHITE, M.D., Professor of Obstetrics in the Medical Department of the University of Buffalo. (From the May No. of the "Buffalo Medical Journal.")* Buffalo, 1849: 8vo. pp. 8.

PASSING over the very judicious remarks of Dr. White on the construction of obstetrical forceps generally, we shall simply present to our readers his description of the modifications in the construction of the instrument which he has suggested. So far as we are able to judge from the description and drawing given in the pamphlet before us, the forceps of Dr. White are in all respects

superior to those in common use. We admit, however, it is only by an actual trial that their adaptation to the accomplishment of the grand objects to be had in view in the construction of such instruments, facility in their introduction and adjustment, and sufficient strength to admit of the application of the requisite tractive force, can be satisfactorily tested.

"The instrument," Dr. White observes, "which I have used during the last few years, is a long forceps, and is considerably curved upon its lateral aspect. It measures in its entire length, conforming the line measured to the curvature of the blades, seventeen and a half inches. The blades and their shafts to the pivot being about ten, the handles about seven and a half inches. The blade proper is six and a half inches in length, and seven lines at its narrowest point, nearest the shaft, and one and seven-eighths inch at its broadest point. The fenestrum is *one* inch at the widest part, and gradually diminishes to less than one-half of an inch at the heel. The inner or fenestral margin of the blades is ground down so as not to exceed one-sixteenth of an inch in thickness, the width being scarcely five lines, and not exceeding *one* line in thickness at its periphery, being considerably thicker in the centre.

"The shaft of the blade is scalloped out, considerably, towards the pivot, upon its inner surface, beyond the termination of the fenestrum.

"The points of the blades, when the instrument is closed, are but five or five and a half lines apart, and at the widest point they are two inches and seven lines apart, on the upper concave surface; whilst on the lower or convex surface, they are slightly more expanded.

"The shafts of the blades approach each other rapidly, but not abruptly.

"The blades, at the centre of their points, deviate three and a half inches from the strait (?) line in forming their second or pelvic curve. The entire thickness of the closed instrument at their point of junction is less than six lines.

"They are united by means of the German notch and button, or screw, which is counter-sunk in the female blade. The edges or shoulders of the mortise, or notch, are rounded or pared off for four or five lines on either side, so as to incline the pivot to slide into the notch. The mortise is not carried very deeply towards the opposite side of the blade, which would greatly diminish its strength at this point.

"The handles diverge in the centre to one and a half inches, and each is expanded, or flattened to three-fourths of an inch in width at that point, and well roughened on the outer surface, so as to be securely grasped. The points are contracted again, curved and polished, and will separately answer the purpose of blunt hooks. The one encloses a perforator, and the other a sharp hook or crotchet. Each is made oval, and the sheath enveloping it is secured by means of a small transverse screw, which may be removed by the point of a penknife or scissors. The entire instrument is made of the best German or cast-steel."

"Here," adds Dr. W., "we have a light and graceful instrument, of sufficient length to seize the head at the superior strait without difficulty, leaving the lock entirely free from the external organs. The curve is such also as to conform to the direction of the passages, without exerting injurious pressure upon the perineum. The shafts of the blades approximate so as not to distend the vulva before the descent of the head. They incline, however, so gradually as not to diminish their power, as is the case with the instrument of Dr. Hodge."

"Besides, the claw or blade of the latter is nearly an inch narrower, and hence it is introduced with much greater facility. It will be found that the concavity of the fenestrum, *bevelled* off the inner edges of the blades, will render it better adapted to fit accurately the parietal protuberances, and prevent those salient points from being injured or indented by the sharp angles usually found in this situation. Moreover, this is the widest part of the foetal head, and the surface to which the fenestrum is ordinarily applied. And if this margin of each blade be two or two and a half lines in thickness, as is the case in many instruments, the pelvic space which will be requisite for delivery, will be three lines less in using one than the other form; or, which is equivalent to the same thing,

the amount of compression of the foetal head must be three lines more in consequence of unnecessary thickness of this edge of the instrument.

"One of the difficulties in the application of the forceps consists in uniting the blades after they have been carried to the requisite height. In the instrument represented, this end is greatly facilitated, slightly lessening the weight at the same time, by cutting away the abrupt shoulders to the mortise, into which the screw easily glides, whenever it gets within these inclined planes."

"It adds but slightly to the weight of the instrument to increase the length of the handle, and bend it so as to form a blunt hook, and may be a source of considerable convenience. A very good perforator may be inserted into the extremity of one handle, and a sharp hook into the other, and though they may not be of the most approved patterns, they answer very well, should the work of destruction become unavoidable. This arrangement is more important in country than city practice, as one instrument is much more portable as well as more economical than four."

"It has been suggested that roughening the centre of the handle must render it liable, when used as a hook or perforator, to irritate the soft parts of the mother. But no operator, I apprehend, would ever use it for this purpose, if smooth, without carrying his finger up beside it. Being careful then to oppose the centre of the roughened side to the hand, would effectually protect the woman from injury, and obviate the objection."

Dr. White does not present the described instrument as one insusceptible of improvement. The claims he advances in its favour are, that it can be used with much greater ease and safety than those to be found in the shops of the cutlers in his vicinity; that it is very light; that it may be applied at the brim, in the cavity, or at the outlet of the pelvis, by simply varying the direction of the handles; and that it is less likely to do injury to the child and maternal organs than those in common use.

D. F. C.

ART. XXIII.—*A Practical Treatise on Inflammation of the Uterus and its Appendages, and on Ulceration and Induration of the Neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians; Physician-Accoucheur to the Western General Dispensary; formerly, House Physician (by concours) to the Hospitals Saint Louis, Notre Dame de la Pitié, and La Salpêtrière, Paris. Second American, from the second London edition. Philadelphia, Lea & Blanchard, 1850: 8vo. pp. 355.

THE favourable opinion of the views advanced by Dr. Bennet in relation to the more frequent diseases of the uterus, their diagnosis, and treatment, expressed by us in our notice of the first edition of his treatise, has been strengthened and confirmed by the results subsequently derived from our own experience. His observations have unquestionably been the means of throwing much light upon the pathology of what were previously considered as obscure and intractable uterine affections, and by insisting upon the use of the speculum as the only certain means of diagnosis in these diseases, he has greatly facilitated their study, and rendered an acquaintance with their phenomena and phases more familiar to the mass of the profession, while, at the same time, he has rendered their management less empirical, and its results more certain and satisfactory.

Although, as Dr. Bennet remarks in the preface, nominally a second edition, the present is in reality a new work. It will be found to contain, not only a faithful history of the various pathological changes produced by inflammation in the uterus and its annexed organs in the different phases of female life, but also an accurate analysis of the influence exercised by inflammation in the production of the various morbid conditions of the uterine system, hitherto described and treated as functional.

"Guided," observes the author, "by the clinical observation of the last twelve years—during which period I have constantly studied uterine disease in wide fields, and with the advantage of more accurate means of investigation than